Minutes: Meeting of August 13, 2003

Present:
Drs. Ronald Edelstein, Mark Noah, Neil Parker, Michael Sofroniew, Randolph Steadman, Margaret Stuber (Co-Chair), Jan Tillisch, John Tormey (Co-Chair) and LuAnn Wilkerson, and Janice Contini

Students: Mailan Cao, Dawn Ogawa, Sirach Selassie, and Jason Tarpley

Guests: Drs. Arthur Gomez, Gretchen Guiton and Dotun Ogungbemi, and Pat Anaya, Louise Howard and Christina Yoon.

Minutes

Grammatical errors noted in the minutes will be corrected. The minutes were approved as corrected.

A Last Look at the "Old" Year 1 Curriculum – Room for Improvement? Dr. Guiton

Dr. Gretchen Guiton informed the committee that a survey, based on the elements of the mission statement, was administered at the end of the year 1 for the purpose of obtaining data on the old curriculum to compare with the new curriculum. She presented the results.

The following items about the old curriculum received the lowest scores: "(It) integrated knowledge of social and behavioral sciences and clinical practice", "(It promoted) understanding of the scientific method and its application to both research and clinical practice", and "(It promoted) understanding of the special challenges and requirements of a pluralistic society". Lack of integration and coordination between small groups and lectures, and among courses was noted in students’ comments. They recognized that they learned to understand the pluralistic society in their extracurricular activities, and they did not feel such was part of the formal curriculum. Students noted the value of diversity in the school and in their class; however, they did not feel that this was a formal component of the curriculum.

Dr. Parker commented that such activities are offered because they enrich students’ lives, although some students do not take advantage of the opportunities during medical school. If the faculty deems these experiences highly important, they should be required. One or two Selectives could be based on service learning. The committee hoped that this would be addressed and improved in the new curriculum.

Although many students recognized small group sessions as opportunities to learn leadership skills, they want more feedback from faculty tutors in this area. They believe there are more opportunities to develop these skills through extracurricular activities than in small group sessions.
As part of the Clinical Reasoning Thread, the PBL groups may involve students playing different roles and there should be evaluation of these roles. Jason Tarpley commented that more frequent feedback should be given.

Dr. Wilkerson informed the committee that at other schools, students are given opportunities to build curriculum as a requirement. At UCLA, this is extracurricular. If UCLA is serious about building leadership skills, then the faculty might want to do more than having students lead one small group session. Dr. Parker also suggested having fourth year students in the colleges to serve as teaching assistants. Dr. Gomez noted that students also learn leadership skills in community activities. Dr. Parker commented that students are required to do three subinternships, and that leadership could be formally evaluated in one of these.

Dr. Guiton emphasized that comments overall tended to be very positive. Anyone interested in looking at all comments in detail should contact Dr. Guiton. Individual courses were repeatedly rated as highly valuable. Relationships with, availability, and quality of faculty came up often as well. Negative comments were generally about lack of continuity, too much time in lectures, etc.

Dr. Sofroniew questioned the inclusion of the item "understanding of the scientific method and its application to both research and clinical practice" in the survey. Dr. Guiton replied that students answered this item relative to a specific case or course. They complained that sometimes the research presented was too detailed and faculty need to present the bigger picture instead. Students also noted that Doctoring and Preceptorships provided good opportunities to see the clinical component, while the Biomathematics class was seen as an opportunity to see the research component.

Dr. Wilkerson informed the committee that, when the Mission Statement was written, there was discussion whether our mission included to train students to do research. It was decided at the time that students should know how it is done, but not necessarily be able to do it themselves. This is how the item came to be included.

Dr. Guiton was thanked for her presentation.

**Human Biology and Disease – Block 2 Report, Drs. Tormey and Tillisch**

*Presentation:*
Dr. Tormey distributed a current week-by-week schedule for Block 2 with an explanation of some points of discussion. (See attached PDF file with schedule and a moderately expanded version of Dr. Tormey's "talking points").

He informed the committee that the distributed schedule does not differ greatly from the one that presented about 15 months ago with Dr. Goldhaber. The cardiovascular, renal, and respiratory systems are laid out in the same sequence with each week having its own theme. However, there is a more integration in this version, particularly with some of the threads.
Discussion:
A request was made for cases to be made available or described to all lecturers and clinical skills faculty. Drs. Tormey Stuber and Parker agreed that this is possible and desirable. Dr. Tillisch also agreed, stating that it is important for clinical skills faculty to understand the curriculum. He informed the committee that he and Dr. Tormey have reviewed all of the descriptors of all lectures, including objectives, content, what students would do in the laboratory, etc. This information will be transmitted to preceptors, tutors, and other teaching faculty. In addition, Drs. Tillisch and Tormey have been meeting with lecturers to agree on content and presentation. There has been more discussion and dialogue about the curriculum than ever before, and this may be the most valuable aspect of the new curriculum. If there is redundancy, it will be planned redundancy.

Dr. Wilkerson informed the committee that ANGEL is going to be a very useful and powerful tool since so much material can been accessed through it. One can access PowerPoint slides, schedules, cases, etc, and the course administrators can set the date that these will become visible to the students and/or to the faculty.

Jason Tarpley asked how the tutors and faculty were chosen to teach in the blocks. Dr. Tillisch informed the committee that there are many new faculty who have not lectured before in the first and/or second years. Drs. Tillisch and Tormey have been attentive to available faculty evaluations. They are trying to identify and develop some new talent rather than relying solely on veteran teachers. They assured that quality in teaching is a high priority. Dr. Sofroniew expressed concern about selection of lecturers based on their evaluations. He felt that the rating function should be used as feedback to the individual lecturer for self-improvement, rather than as a means for choosing lecturers. Dr. Tillisch clarified that evaluations were not used to simply identify faculty with high ratings, but they do reflect individuals' ability to transmit information to students.

Dr. Wilkerson explained that Educational Development and Research (ED&R) cannot give a faculty member the evaluations of another faculty member in a different department. However, ED&R can provide themes that have come up in their teaching record. ED&R strives to use evaluation data without violating individual faculty rights.

Sirach Selassie asked whether second year students would be able to access the ANGEL database; he is interested in referencing some first-year notes. Dr. Wilkerson supported this concept, and noted that individual logins and passwords are assigned to each student. Second year students could be included. Sirach also informed the committee that the old first-year curriculum is not currently accessible via the website.

Cultural Competency Curriculum and Medical Spanish Update, Dr. Gomez

Dr. Arthur Gomez described the new Cultural Competency curriculum. Two years ago he addressed the MEC about the efforts of the Cultural Competency Task Force. He also discussed the activities of a faculty group established by the Task Force and supported by the UCLA and Drew Center of Excellence in Minority Medical Education as well as a
new Cultural Competency Faculty Development Course that he and Dr. Paula Henderson
developed and directed.

**Presentation:** Please refer to his attached PowerPoint slides for details.

**Discussion:**
Dr. Parker asked that the committees consider the culture of medicine within the context
of the faculty and residents at UCLA. There are still problems with physical abuse, power
abuse, gender abuse, and other issues personal conduct on the ward and under stress. He
suggested that students should have the opportunity to talk about the culture of medicine
when under stress. This would be an excellent opportunity to consider the nature of
families and societies. Dr. Gomez mentioned that there are Culture of Medicine
videotapes (currently used in Doctoring 3), but these alone may not be strong enough to
address the issues Dr. Parker raised. Dr. Tillisch felt that what Dr. Parker suggested
should be formalized. It is important to be sensitive not only to patients and their families,
but also to colleagues, staff, *et al*.

Dawn Ogawa expressed appreciation for the fact that Drs. Henderson and Gomez were
working with the Internal Medicine and the Family Medicine departments in addition to
covering the topics in Doctoring.

Dr. Gomez was thanked for his presentation. Dr. Wilkerson especially thanked Drs.
Henderson and Gomez for taking on the task of incorporating cultural competency into
the curriculum. UCLA must demonstrate that this topic is taught and that it is assessed as
a requirement for re-accreditation.

**Cancer Survivorship Curriculum Update, Dr. Stuber**

**Presentation:** Please refer to her PowerPoint slides for details.

**Discussion:**
Dr. Gomez reported that cancer patients often utilize complementary, alternative
practices and medicines. Dr. Stuber mentioned that an elective on Alternative Medicine is
offered. Dawn Ogawa commented that the panel of cancer patients/survivors is a
powerful tool to have in class. She said there were several panel sessions in
pharmacology, and these were very popular with students. The panels helped to correlate
with the classroom instruction.

Jason Tarpley asked whether instruction on women’s health and cancer could be
increased in year 2, and integrated with other content in the curriculum; Dr. Stuber
responded that there are lots of opportunities. The grant focuses on certain cancers with
higher levels of survivability. Emphasis will be given to the second year, which includes
more instruction on oncology. Also under the grant, Dr. Berek is working on instructional
materials to be integrated into the third year.
Dr. Ogunyemi commented that there are survivors in most of the clinics that deal with oncology. He felt that these clinics are not emphasized enough or used to teach cancer survivorship. He felt that the faculty should be encouraged to consider the oncology clinics and to develop a curriculum for medical students. One of the goals of the grant is to work with Drew in the longitudinal preceptorship. Dr. Ogunyemi noted that the longitudinal program at Drew is in the primary care clinics, which do not have many oncology patients.

Dr. Stuber clarified that they are not targeting only oncology patients, but other patients who have had cancer at some point in their lives. The goal is to assess how prevalent it is. Dr. Parker noted that if cancer patients do not have other concurrent diseases that bring them to the clinic, it is difficult to have longitudinal contact with them. Dr. Wilkerson mentioned that one of the activities Dr. Rajagopalan planned to start right away is to have students ask their primary care clinic patients whether they have had any prior history of cancer. This data can be added to the web log.

Dr. Stuber welcomed the committee’s feedback that she could take back to the Cancer Advisory Board.

The meeting adjourned at 6:30 pm.